

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/20/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155768	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/18/2011
NAME OF PROVIDER OR SUPPLIER EVANSVILLE PROTESTANT HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3701 WASHINGTON AVENUE EVANSVILLE, IN 47714		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/18/11</p> <p>Facility Number: 001125 Provider Number: 155768 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Evansville Protestant Home, Inc. was found not in compliance with Requirements for Participation in Medicare 42, CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consists of two buildings connected by a service corridor. The north building is a one story facility determined to be of Type II (000) with a basement and fully sprinklered. The south building is a one story facility determined to be of Type II (000) and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 87 and had a census of 52 at the time of this survey.</p>	K 000			

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FEB - 9 2011

LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

APPROVED Review by Robert Booher, REHS, Life
Safety Code Specialist-Medical Surveyor on
2/10/11 at 01/19/11.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

2-8-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1	K 000			
K 046 SS=F	<p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation to ensure 16 of 16 battery powered light sets were tested annually for 90 minutes. LSC 101, Section 7.9.3 requires a functional test shall be conducted annually on every required emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the Battery Lights testing log on 01/18/11 at 11:50 a.m. with the Maintenance Supervisor present, there was no written documentation to show the 16 battery powered emergency light sets were tested annually for a duration of ninety minutes. During an interview on 01/18/11 at the time of record review, the Maintenance Supervisor acknowledged there was no documentation the 16 battery powered light sets were tested annually for ninety minutes.</p> <p>3-1.19(b)</p>	K 046	<p>K046</p> <p>Emergency lighting was tested by vanguard on 1-11-10. However we understand it does not have each device labeled as directed by the surveyor. Vanguard has since been to the facility and completed the testing per requirements for year 2011. Please see attached documentation.</p>	1-26-11 ce	
K 050	NFPA 101 LIFE SAFETY CODE STANDARD	K 050	<p>K050</p> <p>The fire drill was missed on third shift due to training exercise with eh maintenance department and Vanguard. The 3rd shift fire drill was completed in January of this year. Please see attached documentation.</p>	1-19-11 ce	

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K 050 SS=F	<p>Continued From page 2</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drills book on 01/18/11 at 11:20 a.m. with the Maintenance Supervisor present, the facility lacked written documentation a fire drill was conducted during the third shift (night) of the fourth quarter (October, November, and December) of 2010. This was acknowledged by the Maintenance Supervisor at the time of record review.</p> <p>3.1-19(b)</p>	K 050			